

BUILDING PERMIT APPLICATION

This application may be used in any city or county jurisdiction within the counties of:

Date.	
APPLICATION/PERMIT NUMBER:	
Plan Check Number:	

San Francisco, San Mateo, Santa Clara, and portions of:	Plan Check Number:
Monterey, Santa Cruz, San Benito, Alameda, and Contra Costa	Received By:
<u>Please print clearly an</u>	nd fill in all that apply.
PROJECT ADDRESS:	
☐ PROPERTY OWNER ☐ TENANT	\Box ARCHITECT \Box DESIGNER \Box ENGINEER
NAME:	LICENSE / REGISTRATION #:
ADDRESS:	NAME:
CITY/STATE/ZIP:	COMPANY NAME:
PHONE #:FAX#:	ADDRESS:
TENANT COMPANYANA	CITY/STATE/ZIP:
TENANT COMPANY NAME:	PHONE #: FAX#:
Jurisdictions may require written approval from the owner.	
□ <u>CONTRACTOR</u>	□ <u>OWNER-BUILDER</u>
LICENSE# LICENSE CLASS:	
COMPANY NAME: PHONE	#:
ADDRESS: FAX#: _	
CITY/STATE/ZIP: CITY BU	USINESS LICENSE #:
LICENSED CONTRACTORS DECLARATION: Code, and my license is in full force and effect. Date:	ed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions
OWNER-BUILDER DECLARATION: I hereby affirm under penalty of perjury that I am exempt from the Comwhich requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requite to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapte therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subcivil penalty of not more than five hundred dollars (\$500).): I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the st does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself own employees, provided that such improvements are not intended or offered for sale. If however, the building or in did not build or improve for the purpose of sale.) I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 70 does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a company of the property of the property of the property. I am exempt under Sec. Owner: Owner:	er 9 commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt piects the applicant to a tructure is not intended or offered for sale (Sec. 7044, Business and Professions Code: The Contractors License Law or through his or her approvement is sold within one year of completion, the owner-builder will have the burden of proving that he or she over the contractors License Law of the Contractors License Law
WORKERS' COMPENSATION DECLARATION: I hereby affirm under penalty of perjury one of the follow ☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Sec this permit is issued. ☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for t number are: CARRIER: (This section need not be completed if the permit is for one hundred dollars (\$100) or less.) ☐ I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with th DATE:	tion 3700 of the Labor Code, for the performance of the work for which the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy POLICY#
CONSTRUCTION LENDING AGENCY: □ I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the we Lender's Name: Lender's Name: Lender's Addre I certify that I have read this application and state that the above information is correct. I agree to comply with a this county to enter upon the above-mentioned property for inspection purposes.	
SIGNATURE OF APPLICANT OR AGENT: PLEASE PRINT NAME:	DATE:

PERMIT APPLICATION WORKSHEET								
PLEASE PRINT CLEARLY AND FILL IN ALL THAT APPLY.								
TYPE OF CONSTRUCTION:	OCCUPANCY:ZONE:SPRINKLERS ☐ YES ☐ NO							
ASSESSOR'S PARCEL#:	MAP:BLOCK:SUBDIVISION:							
DESCRIPTION OF WORK: ((Please fill-in and mark all that apply) CONSTRUCTION VALUATION: \$							
	□ NONRESIDENTIAL □ RESIDENTIAL							
☐ New Building ☐ Move Building ☐ Fire S	☐ Addition ☐ Alteration ☐ Termite/Dry Rot Repair ☐ Demolish							
	prinklers							
Description:								
DESCRIPTION OF BUILDING	G: (Please fill-in and mark all that apply)							
☐ Office/Bank/Professional☐ Hotel/Motel☐ Restaurant☐	☐ Single Family ☐ Duplex ☐ Townhouse ☐ Condominium ☐ Apartment Building ☐ Amusement/Recreation ☐ Industrial ☐ Service Station ☐ Medical Building ☐ Accessory Building ☐ Historical ☐ Educational /School							
☐ City/County Owned	☐ Accessory Building ☐ Historical ☐ Educational /School ☐ Church ☐ Store ☐ Other							
Building Area:	Sq.Ft. Building Height:Ft. Stories:							
EXISTING: FLOOR AREA	GARAGE OTHER # UNITS							
PROPOSED: FLOOR AREA	GARAGE OTHER # UNITS							
Number of Bedrooms:	Number of Bathrooms: Total Number of Rooms:							
Lot Size (Sq.Ft.):	Lot Dimension (Front/Side/Rear):/ Coverage %:							
Setbacks: FRONT:	REAR: LEFT: RIGHT:							
Easements:	Flood Zone: ALUC:							
PROJECT CONTACT PERSO	ON: PHONE #: FAX#:							

DI AN CHECKS	□ YES	□ NO	□ EXPRES	C DI AN CH	OFFICE USE ONLY					
PLAN CHECK?	□ YES	□ NO	□ EXPRES	S PLAN CH	ECK					
ROUTE TO:	☐ Resident	ial Building Pla	n Checker	☐ Comm	ercial Building Plan Che	cker	J Transportation			
	Planning	•			Engineering		•	□ BAA(QMD	
☐ Fire ☐ Park & Recreation				☐ Water Department			☐ Environmental Health			
			☐ Housing			☐ Other:				
	☐ Sewer			□ NPDE	S					
					☐ Utilities					
HAZAR	DOUS MATE	RIALS	☐ YES	□ NO						
PLANN	ING APPROV	AL	☐ YES	□ NO		SCHOOL F	EES REQUIRED		☐ YES	☐ NO
SOILS I	REPORT REQU	UIRED	YES	□ NO		TITLE 24 C	ALCS. REQUIRE	D 🗆 YES	□ NO	
SEWER	FEES REQUI	RED	YES	□ NO		ENGINEER	ING CALCS. REQ	UIRED	\square YES	\square NO
GRADII	NG PLANS RE	EQUIRED 🗖 Y	ES □ NO		SPECIAL I	INSPECTIO	N REQUIRED	\square YES	□ NO	

□ VERIFY WORKERS COMPENSATION EXPIRATION DATE:

NEW CERTIFICATE OF OCCUPANCY ☐ YES ☐ NO

OTHER __